

The unmodified fever has been of severe type. *Post-mortem* examinations have been made in 65 of those who have succumbed. Death was due to toxæmia in 40 per cent., to pneumonia in 26 per cent., to perforation in 14 per cent., to exhaustion, etc., in 20 per cent.

In all the fatal inoculated cases an interval of eight or more months had elapsed between vaccination and the onset of the illness. In eight necropsies the cause of death was found to be toxæmia in 4, pneumonia in 3, perforation in 1.

It should be remembered that immunity against enteric is not readily established in some. I have before me the charts of a man who had not been inoculated, but who suffered from a 13-day attack of enteric fever in October, 1900. He was fit for duty early in November. At the end of February, 1901, he was again seized with a virulent form of the fever, and sank 26 days later from exhaustion. He suffered from delirium and diarrhoea throughout. After death, the intestinal ulcers were few in number and of no great depth or area.

TORTUOSITY OF BOTH INTERNAL CAROTID ARTERIES.

By
R. P. ROWLANDS, and R. H. J. SWAN,
F.R.C.S., M.B., B.S.Lond.
Demonstrators of Anatomy, Guy's Hospital.

WITH reference to the case published in the *BRITISH MEDICAL JOURNAL* of November 23rd, 1901, by Dr. Edington under the above heading, we forward the following notes of another case at present under our notice:

During the course of ordinary dissection in Guy's Hospital Medical School of the body of a female, aged 94, who is certified as having died from chronic nephritis, the internal carotid artery of either side was found to have a marked S-shaped bend in its course upwards. On the right side the common carotid artery bifurcated at the upper border of the

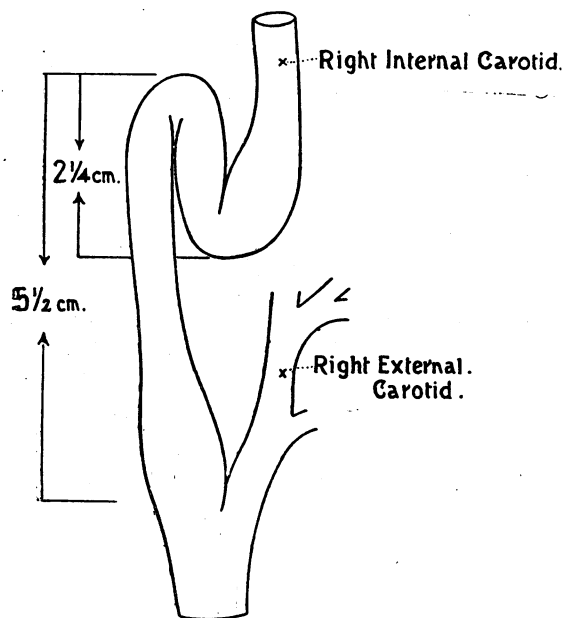


Diagram 1. Actual size.

thyroid cartilage, the commencement of the internal carotid showing a fusiform dilatation. Passing upwards in the carotid sheath to a point 5.5 cm. above its origin, the internal carotid suddenly turned forwards and inwards and then directly downwards for 2.25 cm., when it again turned forwards, inwards, and upwards to the carotid canal in petrous portion of the temporal bone. The second bend on the right side was distinctly sacculated, and the arterial wall was here very thin. The portion of the artery passing from the bend to the carotid canal was larger than normal.

On the left side there was an almost exactly similar bend in the internal carotid commencing 6 cm. above the bifurcation of the common carotid artery, with a maximum measurement between the convexities of each U-shaped piece of 2.5 cm. Just before the flexure on this side the artery was dilated and thin-walled (Diagram 2). The left external carotid of this side was also slightly tortuous. The flexures of each side lay beneath the external carotids, their posterior and inner surfaces lying on the rectus capitis anticus muscle, and, by examination by the finger in the pharynx, could be easily felt immediately behind the posterior pillar of the fauces. The arteries of the body generally are atheromatous, some presenting calcareous plaques in their wall, a few of which were present in the common carotid of each side. The external iliac arteries were tortuous, being curved internally so as to pass down on either side into the true pelvis; the left external iliac artery measured 14 cm.



Diagram 2.—The flexure in the left internal carotid. Actual size.

It seems probable that the tortuosity in this case is due to sacculatation of the vessel wall consequent upon the arteritis and increased arterial pressure of the chronic nephritis, the increased length of the artery thus caused giving place to tortuosity, but the tortuosity is peculiar in its marked symmetry.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

CASE OF APOPLEXY DURING LABOUR.

ON November 15th, 1901, at 3 P.M., I was called to attend Mrs. J., a strong healthy primipara, aged 35. The pains were coming on regularly, the os was just beginning to dilate, and the parts were soft, relaxed, and moist. By 6 P.M. the os was fully dilated, the membranes ruptured, and the head, presenting in the first position, was making satisfactory progress in the pelvis. The pains were distinctly propulsive, but the straining was by no means excessive. She was in excellent spirits, although considerably annoyed with flatulence in the stomach and twinges of headache, which she said were not severe. Suddenly she exclaimed that her head was very bad, and that she could not get breath. She did not reply to my questions, and on going to the bedside I found her perfectly unconscious, in fact in a state of profound coma. The face was flushed, the pupils widely dilated, and the limbs limp and impassive; but the respiration, the pulse, and the temperature were still nearly normal. The uterine contractions went on, but there was no action of the accessory muscles, and the head receded away up from the brim. No time was lost in applying the forceps and effecting delivery, but this brought no abatement of the untoward symptoms. The respiration became stertorous and frequently obstructed, the pulse rapid, irregular, and weak, the temperature fluctuated from subnormal to 105°, and she died twelve hours after the seizure. There was no appearance of oedema, twitchings, convulsions, or other characteristics of eclampsia. No *post-*

mortem examination was made, but the nature of the lesion is unmistakable. This formidable complication of labour is happily of rare occurrence. My field of research is very limited, but it would appear that not many cases have been recorded; and in my own practice, with an experience of over 4,000 confinements, this is the first instance that I have met with.

Hawick.

JAMES BRYDON, M.D.

THE DIRECT INTRODUCTION OF PURGATIVES INTO THE INTESTINE DURING OPERATION FOR SEPTIC PERITONITIS.

WITH regard to Mr. Marmaduke Sheild's interesting note on this subject,¹ I may mention that the same idea occurred to me, and that, probably like many other surgeons, I have used the plan when operating on cases in which the chief danger lay in the distended and paralysed condition of the intestines. I used a simple solution of half an ounce of magnesium sulphate in water, and inserted it into the small intestine high up. A couple of fine silk stitches applied after the cannula is withdrawn will prevent any chance of extravasation. The idea is obviously a rational one, and must have occurred to many, and my chief reason for writing now is to suggest that the aperient should be injected into the small intestine rather than the large. The trouble lies often in the distended condition of the former, a turpentine enema alone will relieve the large intestine. It is very improbable that an aperient injected into the cæcum, as Mr. Sheild advises, can relieve the distension of the small gut. I would also suggest the use of a fair-sized trocar and cannula instead of a small syringe, as by the former the intestine can be largely emptied of gas, etc., before injecting the saline solution. Mr. Sheild, however, only refers to cases of perforative appendicitis, and his statement that striking results followed in every one is most important. So far as my own experience goes I can only say that the plan seems worthy of further trial.

J. HUTCHINSON, jun., F.R.C.S.

Camden Square, W.

MR. MARMADUKE SHEILD, in his paper in the *BRITISH MEDICAL JOURNAL* of December 28th, 1901, writes of the injection of saline purgatives into the bowel during operations for septic peritonitis as if it were a new method. For some years it has been practised by some of the American surgeons,² and is referred to by Abbe in his article on Peritonitis in the *International Text-book of Surgery* recently published. The injection is made usually into the small intestine. Mr. Maynard, of Glasgow, has also advocated³ its use combined with evacuation of the intestinal contents. I have tried the method in one case of operation for general purulent peritonitis, and in this case I injected 3ij of sulphate of magnesia, dissolved in a little water, into the jejunum, by means of an exploring syringe, and closed the puncture with a Lembert suture. The patient (a child of 8) was desperately bad at the time of operation and did not live many hours after, but a copious action of the bowels began on the operation table, and continued for some time after the operation was over. The distension of the intestines was so great that I had to allow them to escape from the peritoneal cavity before flushing with saline solution, and I had to evacuate as much of the contents of the small intestines as I could through an incision in the bowel (which was afterwards sutured) before I could return them. The peritonitis in this case was not due to appendicitis.

Bristol.

CHARLES A. MORTON, F.R.C.S.

CARCINOMA AND MALARIA.

It is with interest I remark the note in the *BRITISH MEDICAL JOURNAL* of November 2nd relating to the incompatibility of carcinoma and malaria. In my thesis for promotion forwarded to the War Office in 1898, I remarked on this subject, giving the relative prevalence of these diseases in several countries and drawing attention to their apparent incompatibility.

¹ *BRITISH MEDICAL JOURNAL*, December 28th, 1901, p. 1864.

² McCosh, *Annals of Surgery*, 1897, vol. xxv, p. 691; Weir, *Annals of Surgery*, 1897, vol. xxvi, p. 236.

³ *BRITISH MEDICAL JOURNAL*, 1899, vol. i, p. 843.

It may be taken as a general law that where malaria is prevalent cancer is rare. There are, however, exceptions to this rule. In the Faroe Islands and Iceland, for example, malaria is practically unknown, but so also is cancer. Again, in the central plateau of Arabia there is no malaria and cancer is almost unknown.¹ I could give other examples if necessary, but the above will suffice. It is quite possible that in these cases the primary causes of both diseases are absent.

But we have another general law with reference to cancer. Like scarlet fever it becomes less frequent as the tropics are approached.

Its incidence in respect to race is also interesting. For instance, as we have seen, it is practically unknown in Iceland and the Faroe Islands, but the same race in Denmark probably suffers more from cancer than any other people in the world. The negro race is another interesting example. The negroes of the West Coast may be said to be free from cancer, while it attacks the same race in America with increasing frequency.²

It is remarkable that cancer is now most prevalent along the banks of rivers which run through clay soil, and that these were the regions previously most affected with malaria. Has the one disease displaced the other?

It is a very large subject, so that I will here only give the conclusions I arrived at in a fairly exhaustive study of the disease:

1. Cancer seems to be a disease of locality rather than of race, and is probably due to a micro-organism.
2. It does not appear to be prevalent in warm regions.
3. A large malarial mortality is associated with a low cancer death-rate.
4. There is no evidence to connect it with food nor with excessive consumption of meat.

5. It is a disease of cold climates, and it would appear to be most fatal in damp, cold countries associated with a clay soil, along the banks of rivers which are liable to overflow.

I have just heard of a case of death from cancer of the stomach in a European, who was stated to have suffered from frequent attacks of malarial fever. It would perhaps be advisable to collect data on the subject before inoculating cases with the protozoon of tertian fever.

J. S. DAVIDSON, M.B.

Secunderabad, India.

Major, R.A.M.C.

EPIDEMIC CATARRHAL JAUNDICE.

I HAVE read the paper by Dr. Herbert Peck, of Chesterfield, on epidemic catarrhal jaundice with much interest, as it reminded me of a similar experience we had in this locality during the latter part of 1895. In about six months I had between 30 and 40 well-marked cases of jaundice and between 80 and 90 with similar symptoms but not jaundiced, although the urine was very dark and the motions putty-coloured. The symptoms in each case were as described by Dr. Peck. I thought they were of an epidemic character but not peculiar to the place, not connected with locality, but due to a common cause then existing in the country, and, as influenza was prevalent, considered it a manifestation of this disease. I thought this probable, because at least 4 of the cases were visitors who had only arrived the day before and one the same day. We know from experience the tendency of each epidemic of influenza to vary in its manifestations. In one the nervous system will suffer most, in another the throat symptoms predominate, in yet others the chest, heart, or gastric symptoms come to the front; then why may not hepatic follow in due course? I only throw this out as a suggestion.

Sandown, Isle of Wight.

W. E. GREEN.

HERNIA INTO THE UMBILICAL CORD.

As a sequel to Dr. Kennedy's two cases of hernia into the umbilical cord, described in the *BRITISH MEDICAL JOURNAL* of December 14th, 1901, a case I attended when a student is perhaps worthy of record, both on account of the rarity of the deformity and the absence—as Dr. Kennedy pointed out—of any method of treatment in the commonly-read textbooks.

On October 14th, 1898, I attended the birth of a puny male child of only 8 months gestation. There was an extraordinary condition about the umbilical cord, which had a beaded appear-

¹ Pulgrave, *Journey Through Central and Eastern Arabia*.

² *Surgical Peculiarities of the American Negro*. Rudolph Mabas.

ance and contained three tumours. The two smaller ones were about 3 inches in diameter and full of Wharton's jelly. The third swelling, about 4 inches in diameter, was an enormous hernial sac, in places semitransparent, and in other places quite hard, feeling just like nasal cartilage. The ring through which the hernia protruded could easily be made out, and admitted the tip of the little finger. The hernia was reduced with much difficulty owing to the fact that the abdominal cavity was very small and the hernial protrusion relatively very large: the cord tied with thread as near the child's body as possible, and then cut. Most unfortunately, due more to the cartilage in the cord, and the very great intra-abdominal tension than to any carelessness in tying it, the ligature slipped, and the hernia at once came out, the small intestine and most of the large intestine lying exposed on the child's belly. For a very long time I tried to get these back into the abdomen, but without success; the abdominal cavity was really too small to contain them.

I wrapped up the intestines in salalembroth gauze and reported the case to my superiors at the hospital, who considered it hopeless. I again attempted to get the protruded intestines back, but could not do so. The intestines having grown outside the abdominal cavity had, I suppose, hypertrophied, and the abdominal cavity itself, not having its accustomed contents, had not properly developed.

The intestines were carefully washed and wrapped in an antiseptic gauze. The child died four days later from collapse, there being no trace of a suppurative peritonitis.

Southampton.

M. McDougall, M.R.C.S., L.R.C.P.

DISLOCATION OF THE ULNA.

I was called to see a lady who had fallen from her bicycle. I found that she had sustained an external dislocation of the elbow-joint, which I had never before seen or heard of. The radius was in place, and the arm was flexed. Behind the radius and external, so far as the whole arm was concerned, was the ulna, and there was no fracture of any kind. It was easily reduced on extending the forearm and manipulating the ulna in order to push it back over the radius internally, when it immediately slipped into place, and directly afterwards my patient was able to flex and extend the elbow.

Dover.

MAURICE KOETTLITZ, L.R.C.P., etc.

REPORTS

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

BOLTON INFIRMARY.

CASE OF ACUTE SEPTICÆMIA FOLLOWING INCOMPLETE ABORTION TREATED BY ANTISTREPTOCOCCUS SERUM: RECOVERY.

By J. RAMSAY MUNRO, M.B., Ch.B. Edin., Junior House-Surgeon, Bolton Infirmary.

F. R., aged 33, unmarried, was admitted on October 26th with varicose ulcers of the left leg.

On November 1st, 4.15 A.M., she had a copious discharge of blood from the vagina. She acknowledged that she had missed one menstrual period, and that she might have been pregnant. An eight weeks fœtus was expelled an hour later but the abortion was incomplete, membranes and placenta being still retained. Ergotin and digitalis were administered hypodermically but nothing more was expelled. At 11 A.M. the contents of the uterus were removed by the finger aided by the curette, and an intrauterine douche was given.

On November 2nd the temperature rose in the evening to 100°; the pulse was 80. There was no abdominal pain or tenderness. A simple enema was given, and also pulv. jalap. co. grs. 60 and hydrarg. subch. grs. v. Free purgation resulted, and on November 3rd the temperature dropped to 99° and the pulse to 68.

On November 4th, at 10 A.M., she had a severe rigor. The temperature rose to 103° and the pulse to 100. She was flushed, and complained of abdominal pain. There was marked tenderness in the right iliac region at the side of the

uterus. There was little or no vaginal discharge. The uterus was carefully examined and found to be absolutely empty. There was some degree of heat and tenderness in the right lateral fornix. An intrauterine douche was given, and vaginal douches were ordered every four hours. She was given liq. hydrarg. perch. ʒj every two hours, and liq. strychnin. m ij every hour, also brandy, ʒss, in milk, and myosin albumen every two hours.

On November 4th, 2 P.M., the temperature was 103.6° and the pulse 104. After that it gradually fell until 11 P.M., when it was 101.2°, then it rose again to 103°. Another intrauterine douche was given, but the temperature remained between 102° and 103°.

On November 5th, at 2 P.M., 10 c.cm. of antistreptococcus serum were injected into the subcutaneous tissue of the anterior abdominal wall. The temperature was still maintained. Six hours later she was seized with acute cutting pain in the abdomen. She lay in bed with the legs drawn up; the abdominal muscles were tense, and respiration shallow and purely costal. The abdomen was hard and tense but rounded. The pain was strictly localised round the spot where the serum had been injected. An area about 3.8 cm. was tender, red, and slightly raised, evidently an acute cellulitis due to the irritation of the serum. Morphine relieved the pain, and linseed poultices were applied to soothe the inflamed part. Immediately the temperature began to fall, and in five hours it had reached 98.6° and the pulse was 76.

On November 6th, at 10 A.M., as the temperature had reached 100°, 9 c.cm. of serum were injected. For this second injection one of the breasts was prepared by applying hot fomentations to dilate the vessels and so aid the more rapid absorption of the serum. The injection was made in four different places under the breast, and hot fomentations applied an hour after the injection. As regards the temperature, the result was exactly the same as on the previous day; it continued to rise for five hours until it reached 101°; pulse 96; then it steadily dropped again to normal. There was no cellulitis nor any pain. After this the recovery was uneventful. Some slight fibrous deposit could still be felt in the lateral fornix when the patient was discharged on November 21st.

REMARKS.—In this case the pain due to the first injection into the subcutaneous tissue of the abdomen might have masked any pain due to peritonitis, so I venture to suggest that in cases where there are symptoms of peritonitis, or where there is a possibility of peritonitis coming on, the injection of antistreptococcus serum should be away from the abdomen. A second suggestion I offer is that to prevent any cellulitis from the irritation of so large a dose as 10 c.cm. it be injected in several places. Also, to aid the rapid absorption, that the seat of the injection be prepared beforehand by causing a localised dilatation of vessels by moist heat or some other means. I feel certain that the reduction in temperature was due in this case, although other medication was not stopped, almost if not entirely to the antistreptococcus serum, as it definitely followed on both occasions within a very few hours after the injection.

CHANGPOO MISSION HOSPITAL, AMOY, CHINA.

CASE OF COMPLETE OBLITERATION OF THE VAGINA WITH SUPERINVOLUTION OF THE UTERUS FOLLOWING CHILDBIRTH.

(Reported by J. PRESTON MAXWELL, M.B., B.S., F.R.C.S., Surgeon to the Hospital.)

History.—Kiam, aged 23, was confined of her first child in October, 1898. The labour was prolonged, apparently by reason of primary uterine inertia and the head appears to have been on the perineum three days. At the close of that time her friends applied to the Changpoo Mission Hospital, ten miles distant, but owing to illness the doctor in charge at that time could not go. He, however, gave them some chloral which procured sleep, and shortly after the child was born without assistance, but dead. No more was heard of the patient till she came to me at the Changpoo Hospital on May 8th, 1899. She then told me the following story: After her confinement she rested for about five days and then went about her work as usual. Although occasionally suffering a

Although in failing health, his keen interest in the matters relating to his profession never flagged. He was present and joined in the discussions at a recent meeting of the Medical Society. Dr. Tracy was unmarried. The funeral took place on Saturday, December 28th, 1901, the large attendance of his colleagues and general public testifying to the esteem in which he was held.

Dr. Philip G. Lee (Cork) writes: I have had the pleasure of the closest intimacy with the late Dr. Tracy. Death has removed one whose opinion in matters regarding the professional side of our work I highly valued, but to my mind his great business capabilities were most clearly shown in the field of medical politics.

During the greater part of the now well-nigh historic "battle of the clubs" in Cork, he was my assistant in the secretaryship of the profession. He felt the great importance of this movement, and threw himself into the work with a will and earnestness. His clear mind showed him prepared for all the chances of the struggle, and without exception the course he advocated on the various points turned out the only proper one to pursue.

He had an emphatic manner, and in his honesty of purpose spared neither friend nor foe. When the acute phase of this contest had passed, he set himself to prepare rules for a medical benefit association, through which the patients of that class could return to the profession, and very successful has his scheme been. The medical officers have security, while the patients have all the benefits accruing from a benefit society. He lived to see the success of his work. The Committee of the Medical Benefit Society passed the following resolution on Friday, December 27th:

That we, the Committee of the Cork Medical Benefit Association, have heard with profound regret of the death of our esteemed colleague, Dr. James J. Tracy, who was one of the principal founders of our Association, and always took the greatest interest in its working, and we recognise that in him our Association has sustained an irreparable loss.

A fearless, upright practitioner, who ever did his duty according to his conscience, forgetful of all personal matters in fulfilling that sense of duty, is a loss to the profession, not alone in his immediate vicinity, but to the whole medical profession. Dr. Tracy will long be missed by his colleagues in Cork, and perhaps more especially by the writer.

THOMAS HYDE HILLS, J.P., M.R.C.S. Eng., L.R.C.P. Lond.,
Cambridge.

THE death of Mr. Hyde Hills took place at Cambridge on Thursday, January 2nd, at the age of 50. His last illness was due to a sudden and rapidly-fatal attack of tetanus, the cause of which was very obscure. He was in full work on the last day of 1901. On New Year's Day trismus set in, and by midnight his condition was hopeless.

Mr. Hyde Hills studied at St. George's Hospital, and started work in Cambridge in 1876, where he succeeded Mr. Bumpsted in an influential university and family practice. In addition to his professional work his chief interest lay in municipal affairs; he was Mayor in 1894, and was for several years Chairman of the Public Health Committee. In this capacity he did much to improve the health of the town, being a pioneer in the establishment of an efficient sanatorium; he also took a prominent part in the local crusade against tuberculosis.

The recent epidemic of diphtheria gave him the opportunity of impressing on the town the importance of thorough bacteriological investigations, and his last success was to create the post of Bacteriologist to the Public Health Department of the Town Council.

He was a man of strong individuality, and both his professional and public life were characterised by energy and thoroughness. He thought no trouble too great, and he will be missed by many, not only as their medical adviser, but as their staunch and untiring friend.

PROFESSOR AXEL KEY,
Stockholm.

IT is with great regret that we have to announce the death of Professor Axel Key, one of the foremost members of the medical profession of Sweden. Born in 1832, he began his

medical studies in the University of Lund in 1848. In 1852 he was admitted a Licentiate of Medicine, and for the two following years he was Assistant Surgeon in the Serafinen Lazaret at Stockholm. In 1860 he went to Germany to pursue his studies in a wider field. He worked at histology under Max Schultze, at Bonn, and at pathological anatomy under Virchow in Berlin. On his return to Sweden he took his doctor's degree at Lund, and soon afterwards he was appointed to the Chair of Pathological Anatomy in the Caroline Institute at Stockholm. In 1869 he became Editor in Chief of the *Nordiskt medicinskt Arkiv*. In 1897 he retired from active professional life. His name was well known throughout the scientific world by his researches, made in conjunction with Retzius, on the finer structure of the nervous system. He was also the author of papers on the morbid anatomy of the heart and vessels, on inflammation of the cornea, etc. Professor Axel Key was also a zealous advocate of reform in school hygiene.

WE regret to announce the death of Dr. M. LESSLIE SWEETMAN, one of the leading surgeons of Toronto, who recently succumbed to septicæmia. Born in 1859, Dr. Sweetman graduated M.D. in the University of Victoria College in 1881. After much post-graduate work in Europe and in the United States, he became Surgeon to the General Hospital, St. Michael's Hospital, and the House of Providence, Toronto. The *Canadian Practitioner* says it is believed that for some years he did more major operations than any other surgeon in Canada. He was a general surgeon, but devoted most of his attention to abdominal and gynæcological surgery. He had been Professor of Surgery in the Ontario Women's Medical College for thirteen years, and Associate Professor of Surgery in the Medical Faculty of the University of Toronto since 1897. While amputating a gangrenous arm he received a very slight wound on the tip of his finger, and, in spite of precautions taken to prevent infection, in a day or two slight symptoms of septicæmia developed. After a period of improvement he was suddenly seized with convulsions, which ended in death at the early age of 42.

WE regret to have to record the death of Dr. R. S. LEGGATT, which occurred at West Folkstone on December 15th, 1901, at the advanced age of 82. He received his medical education at St. Bartholomew's Hospital and obtained the diploma of M.R.C.S. in 1841 and L.S.A. in 1842. He succeeded to an extensive country practice at Eastry, near Barham, of which his father had been the incumbent for forty-four years. He himself continued to be one of the most respected of the professional men in that district for no less than fifty years, until about ten years ago, when he retired from his practice there. He was genial and courteous, of the type of the fine old English gentleman, and he gained immense popularity with all classes, even as Medical Officer of the Poor-law Infirmary at Eastry. He was accustomed to ride to hounds in his day and took a keen interest in out-door sport generally. The sorrow which pervades the hearts of the poor of the neighbourhood is felt to be his highest eulogium.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Edmond Destrée, Professor of Clinical Medicine in the University of Brussels, author of numerous contributions to medical literature, aged 43; Dr. Emerenciano Roig y Bofill, sometime President of the Royal Academy of Medicine and Surgery of Barcelona; Dr. G. Chiarleoni, Professor of Obstetrics in the University of Palermo, and author of numerous contributions to the literature of his speciality, aged 55; and Dr. Fr. Melendez y Herrera, Professor of Topographical Anatomy in the Medical Faculty of Cadiz.

ACCORDING to the *New York Medical Journal* Dr. M. Elezarian Randolph, formerly in practice in New York, has been appointed personal physician to the Shah of Persia. Dr. Randolph is an Oriental by parentage and also, it is stated, by birth. He was well known and popular in medical circles in New York.

consider the words are not necessary in an ordinary medical certificate granted to a School Board. We regret to observe the threatening style adopted by the clerk of the School Board to the parochial medical officer. This style unfortunately is too often adopted towards medical officers in the Highlands of Scotland, and it is not to be wondered at that medical men are unwilling to accept appointments in the Highlands. We do not know whether A. M. has any appointment under the School Board, if not we question if he can be compelled to grant certificates at their will.

OFFENCES AGAINST THE REGISTRATION OF BIRTHS AND DEATHS ACT.

A CORRESPONDENT asks whether it is legally necessary to register births in this country. He states that he knows of numerous instances in which parents have omitted to register the births of their children in order to evade the Vaccination Acts. He has reported several to the superintendent-registrar of the district, but no steps have been taken to punish the offenders, and he believes that the practice is largely followed at the present time.

By 37-38 Vict., c. 83, it is enacted that every child born in England must be registered within six weeks of the birth. The onus of seeing to this is first thrown on the parents, but failing them, on the person having charge of the child, or even the occupier of the house in which the child was born, provided he was aware of the fact. The penalty for breach of this duty is very inefficient. If the child is not registered within the six weeks, then the registrar may summon those responsible to come to his office and give him the necessary information respecting the birth, and on their failing to comply with this summons they become liable to a penalty of 40s. But it is obvious that in populous districts unless the registrar be directly informed many births will necessarily be overlooked. This, as our correspondent points, constitutes a very real danger to the public, not only by hampering the carrying out of the Vaccination Acts, but by undermining an important guarantee of the public safety.

CORONERS' CENSURES.

PHILANTHROPIST asks whether, in the event of the patient dying, and an inquest being held, the coroner could censure or lecture him if he declined to go to a night call without being paid his fee.

A coroner would not be justified in censuring a medical practitioner under these circumstances, but it is within his power to censure for any conduct he may personally disprove of.

MEDICAL ETIQUETTE.

R. J. S.—We think it would be better to have a list of charges, which could be shown to such inquirers, hung up in the surgery.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH. ANNUAL REPORT.

Numbers in Attendance.—During the past year the total number of matriculated students (including 272 women) was 2,929, being an increase of 175 on the number for last year. Of this number, 906 (including 248 women) were enrolled in the Faculty of Arts, 167 (including 4 women) in the Faculty of Science, 1,403 (including 4 women) in the Faculty of Medicine. Of the students of medicine, 623, or fully 44 per cent., belonged to Scotland; 323, or fully 23 per cent., were from England and Wales; 117 from Ireland, 77 from India, 234, or nearly 17 per cent., from British Colonies; and 29 from foreign countries.

Degrees Conferred. *General Council, etc.*—The following degrees were conferred during 1901: Master of Arts (M.A.), 126 (including 29 women); Bachelor of Science (B.Sc.), 28; Doctor of Science (D.Sc.), 10; Bachelor of Medicine and Master in Surgery (M.B., C.M.), 13; Bachelor of Medicine and Bachelor of Surgery (M.B., Ch.B.), 180 (including 8 women); Doctor of Medicine (M.D.), 61. The General Council of the University now numbers 3,000. The special University certificate in diseases of tropical climates was conferred on 5 candidates.

Value of Fellowships, Scholarships, etc.—The total annual value of the University fellowships, scholarships, bursaries, and prizes now amounts to about £17,000, namely: In the Faculty of Arts, £10,480; in the Faculty of Science, £1,300; in the Faculty of Medicine, £3,500. In addition, a sum of upwards of £600, being the income of the Earl of Moray Endowment Fund, is annually available for the encouragement of original research.

Benefactions.—It is stated that students had largely taken advantage of Mr. Andrew Carnegie's gift in Edinburgh, as elsewhere, although the regulation requiring the University preliminary to be passed by intending beneficiaries has told against any marked increase so far in the number of first-year students. There is reason to believe that an increase in the numbers attending certain honours and practical classes may be due to the operation of the fund in enabling students to take out a larger number of courses than they could otherwise have taken. In regard to the second main purpose of the benefaction (equipment), a detailed statement of the requirements of the University is being prepared by the Senatus and University Court for submission to the Carnegie Trustees. Among other benefactions worthy of special notice are a fund of about £218 subscribed for the foundation and endowment of a prize in the Faculty of Medicine for women students, in memory of the late Miss J. Dorothy Gilfillan, M.B., Ch.B., and a contribution of £132 to the fund by Mr. Samuel Gilfillan, London, to enable the fund to yield an annual prize of £10.

Changes in the Staff.—Among the changes in University office-bearers have been the appointment of Professor A. R. Simpson as Dean of the Faculty of Medicine, in room of Professor T. R. Fraser, resigned; the appointment of Dr. J. M. Beattie, as Lecturer in Pathological Bacteriology, in room of Dr. David Welsh, resigned.

Institute and Laboratory.—The report refers to the John Usher Institute of Public Health, due to the munificence of Sir John Usher, of Norton, which is approaching completion, and is expected to be ready for occupation by May 1st. The Institute will afford much ampler accommodation for the Public Health Department of the University than it has previously possessed, and will provide a full laboratory training in the branches of study required by medical officers of health. The Hughes-Bennett Laboratory was a much-needed addition to the department of physiology, due to the generosity of Mrs. Harriet G. Cox, daughter of the late Professor Hughes-Bennett.

Minor Changes.—The examinations in Forensic Medicine and Public Health for degrees in Medicine and Surgery are being transferred from the Third to the Fourth (Final) Professional Examination. The examination papers in the various Faculties will henceforth be published separately, instead of as hitherto in the *University Calendar*.

UNIVERSITY OF LONDON.

The *London University Gazette* for January 4th, contains further particulars of the business transacted at the meeting of the Senate on December 18th, 1901 (see *BRITISH MEDICAL JOURNAL*, December 28th, 1901, p. 1885).

Faculties.

Arrangements were made for the revision in the month of January in each year of the lists of members of the Faculties of the University, and for the appointment of committees of the Senate and of the Faculties for this purpose.

Boards of Studies.

It was resolved that in future the expenses of the Boards of Studies should not be paid by the University, but that any typewriting, printing, or postage required by the Boards, and considered reasonable by the Principal, should be undertaken in the office of the University.

Admission of Internal Students.

Regulations were adopted for the admission of undergraduates of, or persons who have passed the examination required for a degree in, other universities as internal students and candidates for higher degrees; but these regulations do not apply to degrees in medicine and surgery.

Election of Examiners.

The examiners for the year commencing July 1st, 1902, will be appointed on April 30th. Vacancies exist for one examiner in obstetric medicine and one in forensic medicine. Application must be made to the Principal not later than Saturday, February 1st.

Matriculation.

The number of candidates who have entered for the January matriculation, 1902, is 1,658, which represents an increase of about 100 on the entry for January, 1901.

Academic Registrar.

The Academic Registrar gives notice that on and after Thursday, January 9th, he will attend at the University on Thursday evenings from 5 to 7 P.M. and from 8 to 10 P.M. for the convenience of teachers and others who desire to see him on business.

SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION, PART II.—The following candidates pass in: *Anatomy.*—H. Bennett, Manchester; J. Cree, Belfast; T. L. A. Jones, Cardiff; F. J. Martin, St. Bartholomew's Hospital; E. Renouf, Royal Free Hospital. *Physiology.*—J. Cree, Belfast; E. P. J. Dawes, Birmingham; A. G. C. Findlay, University College Hospital; E. Renouf, Royal Free Hospital; F. A. K. Stuart, St. Mary's Hospital; T. E. Waltenberg, Manchester.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

THE REFORM OF THE VACCINATION SYSTEM.

DR. W. COWIE (Little Heath, Old Charlton), Honorary Secretary of the Woolwich, Plumstead, and Charlton Medical Union, writes that, at a meeting of the Union held on December 18th, 1901, the following resolution was unanimously agreed to:

That vaccination should be dealt with as a sanitary question affecting the welfare of the community, on similar lines to those now in force for the notification of infectious disease; and that it is derogatory and injurious to compel a medical man by law to do an unprofessional act—namely, to call at the houses of his fellow practitioners' patients and offer professional service. The members of this Union therefore respectfully submit:

1. That vaccination should be placed under the control of the sanitary authority and be removed from the category of Poor-law relief.
2. That the operation and certification of successful public vaccination according to the legal standard should be open to all registered medical practitioners, and that the authorised fee should be payable to such medical practitioners by the sanitary authority in all cases where the legal standard was complied with.

other members of the profession, first, owing to the fact that these last have to pay for the lymph, a minor matter in itself, while the public vaccinator has any quantity supplied gratuitously; and secondly, that because the vaccine obtained in the outside market, which alone is available to the general practitioner, is variable in quality and from unknown sources. We do not all want to become public vaccinators, but we demand that which countries like Germany and Switzerland can do, and that is, supply a national lymph which is as pure and potent as can be made, and which shall be available either by purchase or by any fair and reasonable restrictions to every registered medical practitioner. The least, however, that should be insisted on at present is that the private patients of all practitioners, whether public vaccinators or not, should be treated alike.

PUBLIC VACCINATION AND THE FRANCHISE.

MACHATIE asks: Is it the case that anyone being vaccinated by a public vaccinator is "a person receiving relief from the rates," and so being *in forma* a pauper and disfranchised?

* * Section xxvi of the Vaccination Act, 1867, reads as follows: "It is hereby declared that the vaccination, or the surgical or medical assistance incident to the vaccination of any person in a Union or parish, heretofore or hereafter performed or rendered by a public vaccinator, shall not be considered to be parochial relief, alms, or charitable allowance to such person or his parent, and no such person or his parent shall by reason thereof be deprived of any right or privilege, or be subject to any disability or disqualification."

DOCTORS AND MIDWIVES.

P.L.M.—It is impossible to lay down any rigid rule as to what a medical man should do when requested to attend a case of this description. He ought, of course, to make all reasonable inquiry from the applicant, and if this happens to be the husband of the patient he has every opportunity to do so. We would refer our correspondent to the article headed Doctors and Midwives, published in the BRITISH MEDICAL JOURNAL of December 28th, 1901, p. 1873.

INDIA AND THE COLONIES.

HONG KONG.

THE PREVENTION OF MALARIA.—Major H. H. Brown, R.A.M.C., Acting P.M.O. Hong Kong, writes: On page 684 of the BRITISH MEDICAL JOURNAL of September 14th, under the heading on Prevention of Malaria, Hong Kong, the effect of cutting down the undergrowth for 300 yards round the sanatorium is shown in such a misleading and favourable light, that I take the liberty of forwarding the actual results of this long-continued and thorough experiment. The undergrowth was carefully and continuously cleared, over 100 men were kept there doing practically nothing else, and 3 grains of quinine were given to each man daily. The result was:

1901. Month.	Average Strength of Detachment.	Admissions for Malarial Fever.	Remarks.
April ...	106	None	
May ...	125	1	Very severe. No previous admission.
June ...	100	5	Also 2 dysentery.
July ...	101	3	Also 3 debility and 3 rheumatism of malarial origin; 4 diarrhoea, 3 dysentery.
August ...	98	8	2 invalided.
September ...	103	19	1 died of malignant malaria.
Oct. to 16th...	100	31	2 probable invalids. The place was evacuated on October 14th.

One British and 1 native officer also were attacked (in September and October), the former very severely—he will probably be invalided; also 5 native followers and 2 Chinese servants, not shown in the above, contracted fever in September; 1 of the latter died. Not only did the detachments while at the sanatorium contract fever, but a high rate of sickness continued among these men after they had been relieved. For example, on September 2nd, 1901, the 98 men of the 5th Infantry Hyderabad Contingent were relieved by the 22nd Bombay Infantry, and during September 37 of them were admitted to hospital for fever; of these, 3 were invalided and 3 more will probably be invalided. British troops have not been stationed there as stated on p. 684; 2 British privates were placed in charge of the buildings as caretakers and they both contracted fever. The cause of the unhealthiness of the sanatorium and of the houses in the immediate vicinity lies, I feel sure, in the fact that they are situated about 1,000 feet above sea level, at the top of a long valley containing swamps and dense tropical vegetation. Several of these houses have been pulled down on account of fever and the remainder cannot be let. A few hundred yards away from the up draught from this valley the houses are perfectly healthy. Similar instances may be found in Indian hill stations of houses uninhabitable on account of fever at elevations over 6,000 feet when situated at the head of valleys running down to the Terai country, whereas a short distance, a few hundred yards away, the houses not swept by this up-draught are immune from fever. Professor Parke long ago pointed out the unhealthiness of valleys, and I am convinced no amount of jungle cutting in the immediate vicinity of houses situated in them will in tropical countries be of any appreciable

advantage on account of the strong currents of air that rush up those natural funnels. I write this because I think if the investigations into the means of preventing or avoiding malaria are to end in success, facts are all-important.

HOSPITAL AND DISPENSARY MANAGEMENT.

MANCHESTER ROYAL INFIRMARY.

At a recent meeting of the Board of Management of the Manchester Royal Infirmary the following resolution adopted at a meeting of the Infirmary House Committee was confirmed: "The Medical Board desire to express their grave concern at the long-continued delay in carrying out the scheme for rebuilding the infirmary. They feel that it is nothing less than a public scandal that Manchester should have no better hospital accommodation, and they urge the Infirmary Board without further loss of time to carry out some scheme which will provide adequately for the needs of this great centre of population and education. The Infirmary Committee concur in the above resolution by the Medical Board at their special meeting of the 12th inst., with regard to the urgency of the question of rebuilding the infirmary, and can assure them that the question is receiving the most anxious consideration of the special Committee appointed to obtain plans for a new building, and that everything is being done which in their judgment can be done to bring the matter to a speedy conclusion."

GLOUCESTER INFIRMARY: PROPOSED ENLARGEMENT.

At a special meeting of the governors of the Gloucester Infirmary, held recently, proposals and plans were submitted for certain additions and alterations, the chief of which was to build a nurses' home in three sections. The chairman (Colonel Curtis Hayward) pointed out that thirty years ago a nursing staff of only 11 was found sufficient; now they required 65, for 40 of whom, on an average, sleeping room had to be found. Temporary provision had been made for their accommodation, but the time had arrived when something of a permanent nature must be done. The estimated cost was £6,000, which, however, did not include lighting, heating, or furniture. After a long discussion, it was unanimously resolved that the proposals of the architect (Mr. Walker) should be carried out as soon as possible, and that an appeal should be made to the county and city and the public generally for the necessary funds, which are estimated at £10,000.

NEW WING OF THE BOLINGBROKE HOSPITAL.

A NEW out-patient department comprising a waiting hall, consulting rooms, a Roentgen-ray room and offices forming the Victoria Wing of the Bolingbroke Hospital was formally opened by Mr. Thomas Bryant, Surgeon to the King, last month. The hospital is partly for contributing patients and partly free in regard to the treatment of accidents. Among others who took part in the proceedings were Canon Erskine Clarke, the founder of the hospital, Sir Henry Burdett, and Mr. Hennesley, Chairman of the Metropolitan Asylums Board.

MEDICAL NEWS.

THE LIGHT TREATMENT IN SPAIN.—The Queen Regent of Spain has given 10,000 pesetas towards the installation of an Institute of Phototherapy in Madrid, for the establishment of which Dr. Farinos has been for some years striving.

THE St. Luke's Medical Lodge of Instruction has been formed by the now numerous medical masonic lodges for the use of medical masons. Meetings will be held at the Criterion on the first and third Monday in each month from October to May inclusive, at 8.45 P.M. The first meeting will take place on January 20th. There is an entrance fee of five shillings, but no annual subscription, each member paying sixpence at each meeting that he attends. Any medical Masons who may not belong to a medical lodge may join by applying to Mr. George Rowell, 6, Cavendish Place, W.

THE Lady Mayoress of Bristol held an "At Home" on January 4th, when Lady Lucy Hicks-Beach spoke on behalf of the Queen Victoria Jubilee Institution for Nurses, proposing the formation of a women's memorial fund in Bristol in its aid. The suggestion made was that the City should be regularly canvassed from house to house for subscriptions, leaflets containing information distributed, and collecting cards provided. The meeting approved of the proposal and formed itself into an organising committee to carry out the details.

NEW ASYLUM FOR LANCASHIRE.—The new asylum at Winwick, near Warrington, erected by the Lancashire Asylums Board for the reception of 1,000 males and 1,000 females, with accommodation for 200 attendants, was informally opened last week, and was taken into use on Monday last. Dr. J. F. Gemmel, lately Senior Assistant Medical Officer, Lancaster Asylum, has been appointed Medical Superintendent of the new asylum. The cost, including site and equipment, has been about £200 a bed.

LEGISLATION FOR INTEMPERANCE IN NEW YORK.—During the last session of the New York State Legislature a Bill was presented advocating the foundation of a sanatorium where inebriates, alcoholic or other, may receive care and treatment. The application for admission must be made voluntarily by the patient, by a member of his family, or by specially authorised officers of the law. The term of commitment is to be for not less than five years.

The annual meeting of the London Hospital Medical Club was held at the Café Royal, Regent Street, on December 31st, 1901. Dr. Albert S. Morton, of Putney, occupied the chair, and was supported by Drs. Sansom, Herman, Openshaw, and others. Dr. Morton, in proposing the toast of "The King," pointed out that His Majesty had peculiarly honoured the medical profession by accepting the honorary diplomas of F.R.C.P. and F.R.C.S., and that he had a deep knowledge of the facts as to tuberculosis and cancer. The members voted a sum of 10 guineas to the fund for the benefit of the family of the late Dr. William Smyth, who so heroically sacrificed his life.

INTRAVENOUS INJECTIONS IN FOOT-AND-MOUTH DISEASE.—Various conflicting rumours concerning the efficacy of endovenous injection of corrosive sublimate in foot-and-mouth disease have been current in Italy. A short time ago Professor Baccelli was asked in Parliament to give some actual statistics of the results obtained. This he did not do, though he spoke in general terms of its efficacy. Last week a special meeting of the Piedmontese Veterinary Association was held to consider the subject. A resolution was passed unanimously condemning the treatment. The method was declared to be useless, and in many cases injurious by the exacerbation both of the fever and of the local symptoms, and also by the production of mercurial poisoning. Such a sweeping condemnation by experts seems to foreshadow the abandonment of a method which seemed to promise much.

THE MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held on December 27th, 1901, at 429, Strand, London, W.C. There were present: Dr. de Havilland Hall (in the chair), Dr. J. B. Ball, Dr. Frederick S. Palmer, Dr. Walter Smith, Dr. St. Clair B. Shadwell, Mr. F. S. Edwards, Dr. F. J. Allan, and Dr. W. Knowsley Sibley. The accounts presented showed that the number of new members secured by the Society through the autumn was appreciably greater than that in the corresponding portion of last year, while the number lost through death and lapse was rather under the average. The claim account had been moderate for the time of year, but there was reason to fear that several additions had recently been made to the list of those who require the continuous sick pay allowed by the Society to those permanently incapacitated from professional work. Prospectuses and all information on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

TYPHOID IN SWITZERLAND.—A correspondent sends us an extract from a recent issue of one of the Geneva newspapers stating that an epidemic of typhus, by which no doubt enteric fever is meant, declared itself this summer in Brieg and that many persons of all classes of the community were attacked. The fact, it is added, was kept secret, so as not to cause too great an injury to the hotel industry. The outbreak is believed to have been due to leakage in the drains of the hospital into a part of the drinking water supply. Those engineers of the Simplon tunnel works who had been seriously ill proposed to leave the Chateau Stockapler, where they had been residing, and to reside at Naters, a small village on the other side of the valley. As our correspondent points out Brieg, though a small and, from the tourist's point of view, uninteresting town, is of necessity much used as a starting point by persons travelling over the Grimsel, Furka, or Simplon passes in either direction. He adds that friends of the sufferers, who contracted typhoid fever in Switzerland last summer, are at present suspicious of the whole of the country, and he has been told that several who are in the habit of spending their holidays there will in future hesitate to do so.

MEDICAL VACANCIES.

The following vacancies are announced:

- BELFAST: MATER INFERMORUM HOSPITAL.**—(1) Resident Physician. (2) Resident Surgeon. Appointment for six months. Salary, at the rate of £40 per annum each and all found. Applications to the Honorary Secretary, 17, Crumlin Road, Belfast.
- BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon; unmarried. Salary, £130 per annum, with £30 per annum for cab hire, and furnished rooms, etc. Applications to the Secretary by January 20th.
- BIRMINGHAM GENERAL HOSPITAL.**—(1) Three posts of House Physician. Appointment for six months, but eligible for re-election. (2) House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with residence, board, and washing in each case. Applications to the House Governor by February 1st.
- BOOTLE BOROUGH HOSPITAL FOR INFECTIOUS DISEASES.**—Resident Medical Officer; unmarried. Salary, £120 per annum, with board, washing, and apartments. Applications, endorsed "Resident Medical Superintendent," to be sent to the Chairman of the Hospital Subcommittee, Town Hall, Bootle, by January 15th.
- BRADFORD ROYAL INFIRMARY.**—Dispensary Surgeon; unmarried. Salary, £100 per annum, with board and residence. Applications, endorsed "Dispensary Surgeon," to be sent to the Secretary.
- BUXTON: DEVONSHIRE HOSPITAL.**—(1) House-Surgeon. Salary, £100 per annum. (2) Assistant House Surgeon. Salary, £50 per annum. Furnished apartments, board and lodging provided in each case. Applications to the Secretary by January 25th.
- CHARING CROSS HOSPITAL.**—Third Anaesthetist. Applications to be addressed to the Medical Committee by January 24th.
- CHELTENHAM GENERAL HOSPITAL.**—House-Surgeon; unmarried. Salary, £80 per annum, with board and apartments. Applications to H. T. Carrington, Esq., Honorary Secretary and Treasurer, by January 21st.
- DERBYSHIRE ROYAL INFIRMARY.**—Assistant House-Surgeon. Appointment for six months. Salary, £30, with board, residence, and washing. Applications to the Secretary by January 17th.
- DEVONPORT: ROYAL ALBERT HOSPITAL.**—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board, lodging, and washing. Applications to the Chairman of the Medical Committee by January 28th.
- DONCASTER BOROUGH.** Blaby-with Hexthorpe and Wheatley.—Medical Officer of Health, with charge of the Infectious and Small-pox Hospitals, Salary combined, £350 per annum. Applications, endorsed "Medical Officer," to be addressed "Selection Committee, 1, Friary Place, Doncaster," by January 23rd.
- DOUGLAS: NOBLE'S ISLE OF MAN GENERAL HOSPITAL AND DISPENSARY.**—Resident House-Surgeon; unmarried. Salary, £82 per annum, with board and washing. Applications to the Honorary Secretary, 25, Athol Street, Douglas, Isle of Man, by January 28th.
- DUNEDIN, NEW ZEALAND: SEACLIFFE LUNATIC ASYLUM.**—Assistant Medical Officer; unmarried, and between 23 and 30 years of age. Salary, £250 per annum, with board, washing, and laundry. Applications to the Agent-General for New Zealand, 13, Victoria Street, London, S.W.
- DURHAM COUNTY ASYLUM.**—Junior Assistant Medical Officer. Salary, £140 per annum, rising to £160, with board, laundry, and at endance. Applications to the Medical Superintendent, Durham County Asylum, Winterton, Ferryhill.
- EDINBURGH ROYAL INFIRMARY.**—Pathologist. Salary, £400 per annum. Applications to Mr. S. G. Clerk, by January 31st.
- EVELINA HOSPITAL FOR SICK CHILDREN.** Southwark Bridge Road, S.E.—Junior Resident Medical Officer and Registrar. Salary, £50 per annum, with board and washing. Applications to the Committee of Management by January 18th.
- GLASGOW ROYAL INFIRMARY.**—Superintendent, must be registered medical practitioner, and not exceed 45 years of age. Salary, £500 per annum, with board, house coals, and light. Applications to the Secretary by January 15th.
- GUILDFORD: ROYAL ST. GEORGE'S HOSPITAL.**—Assistant House-Surgeon. Salary, £75 per annum, with board, residence, and laundry. Applications to the Secretary.
- HAMPSTEAD HOSPITAL.**—Resident Medical Officer. Appointment for six months, but eligible for re-election. Salary at the rate of £120 per annum, with rooms, coals, and gas. Applications to the Secretary at the Hospital, Parliament Hill, N.W., by January 18th.
- HOSPITAL FOR SICK CHILDREN.** Great Ormond Street, W.C.—House-Surgeon; unmarried. Appointment for six months. Salary, £20, washing allowance (£2 10s.), with board and residence. Applications, on forms provided, to be sent to the Secretary by January 28th.
- JOINT COUNTIES LUNATIC ASYLUM FOR BRECON AND RADNOR.**—Medical Superintendent for the new asylum at Talgarth. Not under 30 or over 45 years of age. Salary, £450 per annum, with partially furnished house etc. Applications, endorsed "Application for Medical Superintendent," to be sent to the Clerk to the Visiting Committee, County Hall, Brecon, by February 28th.
- LANCASHIRE COUNTY ASYLUM.**—Assistant Medical Officer. Salary, £150 per annum, with board, lodging, and washing. Applications to the Medical Superintendent, Winwick, Newton-on-Willows, by January 20th.
- LONDON HOSPITAL.** Whitechapel, E.—Assistant Director of the Pathological Institute. Salary, £200 per annum. Applications to the House Governor by February 1st.
- MACCLESFIELD GENERAL INFIRMARY.**—Junior House-Surgeon. Salary, £70 per annum, with board and residence. Applications to the House Committee by January 31st.
- NORFOLK COUNTY ASYLUM.** Thorpe, Norwich.—Junior Assistant Medical Officer for the Male Division; unmarried and under 30 years of age. Salary begins at £120 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.
- ROYAL COLLEGE OF PHYSICIANS OF LONDON AND ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Assistant Bacteriologist in the Research Laboratories, Victoria Embankment. Salary, £200 per annum. Applications to the Secretary, Examination Hall, Victoria Embankment, W.C.
- ROYAL HOSPITAL FOR INCURABLES.** Putney Heath.—Medical Officer. Salary, £250 per annum. Applications to the Secretary, 106, Queen Victoria Street, E.C., by January 21st.
- ST. ANDREW'S UNIVERSITY.**—Additional Examiners for graduation in Physiology and Pathology. Applications to the Secretary by January 21st.
- ST. BARTHOLOMEW'S HOSPITAL.**—Assistant Surgeon; must be F.R.C.S. Eng. Applications to the Clerk by January 15th.
- SALOP COUNTY COUNCIL.**—Medical Officer of Health, between 35 and 50 years of age. Salary, £750 per annum. Applications to the Clerk, Shirehall, Shrewsbury, by January 13th.
- TOTTENHAM HOSPITAL.** N.—House-Surgeon. Salary, £50 per annum, with board, residence, and laundry. Applications to the Joint Committee by January 13th.
- WEST BROMWICH DISTRICT HOSPITAL.**—Resident Junior House-Surgeon. Salary, £50 per annum, with board, lodging, washing, and attendance. Applications to the Honorary Secretary, Mr. T. F. Bache, Churchhill House, West Bromwich.
- WHITECHAPEL UNION INFIRMARY.**—First Assistant Resident Medical Officer. Salary, £130 per annum, rising to £150, with ration, furnished apartments, coals, gas, and washing. Applications, on forms provided, to be sent to the Clerk to the Union Officers, Vallance Road, Whitechapel, N.E., by January 11th.
- YORK COUNTY HOSPITAL.**—Assistant House-Surgeon. Salary, £80 per annum, with board, residence, and washing. Applications to the Secretary by January 14th.

MEDICAL APPOINTMENTS.

- BERGLING.** Daniel Henry, B.A. Sydney, M.B., C.M. Edin., appointed Surgeon to the London and North Western Railway Company for Huddersfield and District.
- BELL.** J. T. M.B., B.S. Durh., appointed Medical Officer of the Fifth District of the Wycombe Union, vice J. B. McKay, M.D., M.Ch.E.U.I., resigned.

BISSELL, F. E., L.R.C.P., L.R.C.S. Edin., appointed District Medical Officer of the Dore Union.

BOOK, J. G., L.R.C.P., L.R.C.S.I., appointed Certifying Factory Surgeon for the Borough of Wenlock, County Salop.

BREWS, Richard V., L.R.C.P., L.R.C.S.I., appointed District Medical Officer of the Woolwich Union, *vice* W. J. Vance, L.R.C.P. Edin., L.R.C.S.I., resigned.

BROWN, A. Tennyson, M.B., C.M. Aberd., appointed Medical Officer of Health to the Hourary Urban District Council, *vice* B. Kemp, M.R.C.S. Eng., resigned.

COLLIER, Frederick W., L.R.C.P. Lond., M.R.C.S., appointed Anaesthetist to the Samaritan Free Hospital.

COLLINS, Harold, M.B., M.R.C.S., L.R.C.P., appointed Resident Surgical Officer to the General Infirmary, Leeds.

CRIPPS, Harrison, F.R.C.S. Eng., appointed Surgeon to St. Bartholomew's Hospital, *vice* Alfred Willett, F.R.C.S., resigned.

CUTBERT, Wm. H., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer of Health for the Frinton-on-Sea Urban District.

DAKIN, T. B., M.R.C.S., L.R.C.P. Lond., appointed Certifying Factory Surgeon for the Uccaby District of Lincolnshire.

DEYER, Stanley Edward, C.M.G., M.A., M.D., B.C. Cantab., appointed Assistant Demonstrator of Anatomy in the University of Cambridge (Lent Term).

EDEN, W. A., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer of the Eighth District of the Bodmin Union, *vice* H. W. Haydon, M.R.C.S. Eng., L.R.C.P. Lond., resigned.

HARRIS, Arthur B., M.B., Ch.B. Oxon., appointed Medical Officer of Health for the Loughton Urban District.

HIND, Wheelton, M.D. Lond., F.R.C.S., appointed Honorary Senior Surgeon to the North Staffordshire Infirmary and Eye Hospital, Stoke-on-Trent, *vice* W. D. Spanton, F.R.C.S.

KINSMONT, P. M.B., F.R.C.S.E., appointed Senior House-Surgeon to the County Hospital, Lincoln, *vice* E. T. Woodbridge, M.B.C.S., resigned.

MUDD, Frank Burnand, M.R.C.S., L.R.C.P., appointed Honorary Anaesthetist to the Throat Hospital, Golden Square, W.

O'CONNOR, J. E., M.B., B.Ch. R.U.I., appointed Medical Officer of Health for the combined Districts of Leicestershire, Rutland, and Warwick.

OWEN, Edmund, F.R.C.S., appointed Consulting Surgeon and Surgeon in Chief to the French Hospital and Dispensary, *vice* Sir William Mac Cormac, deceased.

PARNOLD, John, M.B., M.R.C.S., appointed Surgical Assistant to St. Peter's Hospital, Covent Garden.

ROBE, William, M.B., C.M. Glasg., appointed Medical Officer of Health for the Irthingborough Urban District.

ROGERS, Francis C., F.R.C.S., L.R.C.P. Edin., appointed Medical Officer of Health for the Birith Urban District.

SPANTON, W. D., F.R.C.S., appointed Consulting Surgeon to the North Staffordshire Infirmary and Eye Hospital, Stoke-on-Trent.

DAIRY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Mr. Mayo Robson: Observations on the Surgical Treatment of Obstructive Jaundice, resulting from an experience of over 200 operations.

TUESDAY.

Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 P.M.—Adjourned discussion on Modern Methods of Vaccination and their Scientific Basis, to be opened by Dr. T. D. Acland and taken part in by Dr. Greenwood, Dr. Sidney Coupland, Dr. Edgeworth, Dr. Louis Parkes, Mr. H. A. Stronham, Dr. Albert E. Cope, Dr. J. Loane, Professor Sims Woodhead, Dr. Copeman will illustrate his remarks by lantern slides to be shown on Zeiss's episcopescope. (This will be the first public demonstration of the episcopescope.)

WEDNESDAY.

Royal Meteorological Society, Institution of Civil Engineers, Great George Street, Westminster, 7.45 P.M.—Annual general meeting.

Royal Microscopical Society, 20, Hanover Square, W., 8 P.M.

THURSDAY.

Harveian Society of London, Stafford Rooms, Titchborne Street, Edgware Road, W., 8 P.M.—Annual general meeting. Election of officers. President's address. Annual conversations.

FRIDAY.

Society for the Study of Disease in Children, Evelina Hospital, 5.30 P.M.—Cases by Mr. H. Tubby, Mr. J. Jackson Clarke, Mr. Walter Edmunds, Dr. George Carpenter, and Mr. F. C. Abbott. Papers:—Dr. Lewis Marshall (Nottingham): A Case of Thyroid Dislocation of the Hip in a Child. Dr. W. A. Milligan: A Note on a Case of Chronic Granular Nephritis in a Child aged 7 years.

POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital, Thursday, 4 P.M.—Demonstration of Surgical Cases. Medical Graduates' College and Polytechnic, 22, Chancery Street, W.C.—Demonstrations will be given at 4 P.M. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, eye.

National Hospital for the Paralyzed and Epileptic, Queen Square, W.C.—Tuesday, 8.30 P.M. Lecture on Muscular Atrophy.

West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 P.M. as follows:—Monday: Surgical Emergencies. Tuesday: Traumatic Neurasthenia. Wednesday: Lantern Demonstrations on Hernia. Thursday: Congenital Diseases. Friday: Diagnosis of Disease of Spinal Cord, illustrated by Cases.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTHS.

BARNETT BENTLEY.—On January 4th, at 7, David Place, Jersey, the wife of P. Barnett Bentley, M.R.C.S., of a son.

DONOVAN.—At Warwick, on December 21st, 1901, the wife of Lieutenant-Colonel H. L. Donovan, Royal Army Medical Corps (R.P.), of a son.

FARQUHARSON.—At Garlands, Carlisle, on December 30th, 1901, the wife of William F. Farquharson, M.D., of a son.

DEATHS.

COWIE.—At Bon Accord, Brantome Park, Bourne-mouth, on January 7th, Katharine South Forbes Cowie, wife of C. A. Cowie, M.D., aged 36.

FURNISS.—On January 6th, at 386, Ecclesall Road, Sheffield, John (Ian) Henry Furniss, M.B., C.M., in his 86th year, suddenly.

MACDONALD.—At Kirkoswald, Cumberland, on January 6th, Alexander Macdonald, L.R.C.P., L.R.C.S., aged 64.

WOOD.—At Ennonest, Orange River Colony, South Africa, on January 3rd, Lieutenant-Colonel Oswald G. Wood, M.D., C.B., Royal Army Medical Corps.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 1, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 429, Strand, W.C., on receipt of proof.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Atiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

THE "L.O.S." OF LONDON.

DR. G. H. BROADBENT (Manchester), writes: Will you kindly allow me to call the attention of the President of the Obstetrical Society of London, and Dr. Humphreys, who lectures to midwives for the examination of the O.S.L. to the following advertisement which appeared on page xxi, January 1st, 1902, of the *Medical Press and Circular*, and simply asking them if they will reply to my query put on former occasions, "Whether they do or do not approve of midwives styling and signing themselves as 'L.O.S.' and whether the Obstetrical Society has taken any steps, as indicated by Dr. Percy Boulton some months ago, to discontinue the practice:—

"NURSE wanted immediately, with L.O.S. Diploma, for four months in East London parish. Good pay and bonus offered. Address, Nurse Lillian, 9, Green Street, Bethnal Green."

ANSWERS.

INVOLUNTARY DEFECATION IN A BOY.

DR. F. H. EDGEWORTH (Clifton, Bristol) writes: In regard to the query of "M.D." in the BRITISH MEDICAL JOURNAL of January 4th, I may say that an apparently exactly similar case, aged 14, recently under my care, was cured by *svr. hypophos. co. 3j* thrice a day. There was no evidence of any mental or nerve disease or defect in the sphincter ani or rectum, and I could only assume it to be a phenomenon of the same nature as the involuntary micturition of children.

ARRESTING SECRETION OF MILK.

DR. SLADE J. BAKER (Abingdon) recommends "B." to try the effects of belladonna. I have used it, he writes, in very many cases since 1867 without a single failure. I apply the extract for 1 inch round the nipple twice a day for three days and then resort to belladonna liniment; I at the same time give small doses of potassium nitrate, magnesium sulphate, and aromatic spirits of ammonia. I have used this remedy for one breast while the patient has continued to nurse with the other. Before 1867 I had several cases of abscess of the breasts. Colchicum has been recommended internally as it has been stated that milch cows become dry if they eat the meadow saffron.

LETTERS, NOTES, Etc.

THE TEACHING OF DIETETICS.

DR. J. HADDON (Hawick) writes to express the opinion that the General Medical Council should require every medical school to have a lecturer on dietetics. Though the subject is still in its infancy, he thinks that what is known should be told to everyone who enters the profession, as he believes that unless it is more studied the profession will suffer, since the public are beginning to learn some of the value of diet in health as well as in disease.

POISONING BY BORACIC ACID.

DR. OSCAR LIEBREICH (Pharmacologisches Institut, Berlin) writes: Under the heading "Poisoning by Boracic Acid" there appeared in the EPITOME of the BRITISH MEDICAL JOURNAL, December 7th, 1901, par. 401, an abridged account of several cases reported by G. F. Rinehart (*Therapeutic Gazette*, Philadelphia, No. 10). Unfortunately the abridged account leaves out some very important data, so that it is impossible for the reader to form a correct opinion of the cases.

Mr. Rinehart had two cases: the first, a man aged 38, with urethritis posterior, was given 5-gr. doses of boracic acid by the mouth every four hours; the second, a man of 50, received a similar dose by the mouth every four hours, and also had his bladder washed out daily with a concentrated solution of boracic acid. In both cases serious after-effects were observed.

I would here remark that the first and second cases are more alike in character than would appear from the account in the EPITOME. For the original article states that in the first case also the bladder was washed out periodically with a concentrated solution of boracic acid. Now, it has never been denied that washing out body cavities and the